

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90188 012 \*\*\*\*61.25

**DOCUMENT # N30879**

1. Entity Name  
**MIZNER COURT OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O MAY MANAGEMENT  
10036 SAWGRASS DRIVE, W. #1  
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address  
**C/O MAY MANAGEMENT  
10036 SAWGRASS DRIVE, W. #1  
PONTE VEDRA BEACH, FL 32082 US**

40001010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2894947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELCOMYN, VINA  
4243 COUNTY RD 218  
SUITE A  
MIDDLEBURG, FL 32068**

Name **ANNA M MARKS**  
Street Address (P.O. Box Number is Not Acceptable)  
**MAY MGMT SERVICES, INC  
5455 AIA SOUTH  
City ST AUGUSTINE FL Zip Code 32080-7111**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/07  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	BRUST, ESTELLE	4069 MIZNER CIR., S.	JACKSONVILLE, FL	<input type="checkbox"/>
D	FALLS, ROBERT	4052 MIZNER CT	JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/>
S	NIX, JUNE	4010 MIZNER CT. S	JACKSONVILLE, FL	<input checked="" type="checkbox"/>
PD	JONES, WALTER	4138 MIZNER CT. E	JACKSONVILLE, FL	<input checked="" type="checkbox"/>
DT	PLUMB, DENIS	8463 MIZNER CIR E	JACKSONVILLE, FL 32217	<input type="checkbox"/>
				<input type="checkbox"/>

11.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	Bob Muldoon ①	4146 Mizner Circle East	Jacksonville FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Barbara Taylor ②	8430 Mizner Circle West	Jacksonville FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Jo Anne Plyler ③	4028 Mizner Court	Jacksonville FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Jack E. McElroy ④	4074 Mizner Circle South	Jacksonville FL 32217	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Charlene Kingsnorth ⑤	4037 Mizner Circle South	Jacksonville FL 32217	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**John McElroy Treasurer 4/12/07 904-737-6577**